

## Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815  
Phone: (916) 561-8200 FAX : (916)263-2560 Internet: www.ptb.ca.gov



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR



**CITATION # 08-09-0118**

**Rex Mangalindan, PT  
6179 Ibbetson Ave.  
Lakewood, CA 90713**

### **CITATION**

Information obtained by the Physical Therapy Board of California (PTBC) has determined that actions taken by you have violated sections of the law regulating the practice of physical therapy.

A citation is hereby issued to you in accordance with Section 125.9 of the Business and Professions Code for the violations described below.

### **CAUSE FOR CITATION**

Failure to notify the PTBC, in writing, of a change of address within thirty (30) days in accordance with Section 1398.6 (a) of the California Code of Regulations.

#### *Filing of Addresses*

1. (a) Each licensee shall report to the board each and every change of residence address within 30 days after each change, giving both the old and new address. In addition to the address of residence, a licensee may provide the board with an alternate address of record. If an alternate is the licensee's address of record, he or she may request that the residence address not be disclosed to the public.

On **September 17, 2008** the PTBC received a change of address in which you reported that you moved from **9825 Rose St. #6, Bellflower, CA 90706** to your new address at **6179 Ibbetson Ave., Lakewood, CA 90713**. According to the information you provided, this address change occurred in **December 2006**. Since notification of your address change was not reported to the Physical Therapy Board within 30 days of the change, as required pursuant to CCR, Section 1398.6, you are in violation of the Physical Therapy Practice Act.

**CITATION # 08-09-0118**

**ORDER**

Further, **you are ordered to pay a fine of \$100.00** to the PTBC within thirty (30) days of the citation or assessment issuance date. When submitting payment to the PTBC, for your protection and to assure proper credit, please return a copy of the citation and note the citation number on your check or money order.

If you wish to contest all or any part of this Citation, complete the enclosed "Notice of Appeal- Request for Informal Conference" form and return it to this office within ten (10) days after receipt of this Citation. The date indicated on the Order will be held in abeyance only for any violation(s) you wish to contest. All uncontested violations will be adhered to as specified. In the alternative, you may, within thirty (30) days of the citation or assessment issuance date, request a formal administrative hearing before an administrative law judge under the Administrative Procedure Act.

**FAILURE TO RETURN THE REQUEST FOR INFORMAL CONFERENCE FORM  
OR TO REQUEST AN ADMINISTRATIVE HEARING WITHIN THE TIME  
INDICATED WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO  
ADMINISTRATIVELY CONTEST OR APPEAL THIS CITATION.**

**January 23, 2009** \_\_\_\_\_

Date

**Original Signed By:** \_\_\_\_\_

STEVEN K. HARTZELL

Executive Officer

# Physical Therapy Board of California

2005 Evergreen Street Suite 1350, Sacramento, CA 95815  
Phone: (916) 561-8200 FAX : (916)263-2560 Internet: www.ptb.ca.gov



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR



TO: Physical Therapy Board of California  
2005 Evergreen Street Suite 1350  
Sacramento, CA 95815

## NOTICE OF APPEAL REQUEST FOR AN INFORMAL CONFERENCE

**Citation Against: Rex Mangalindan, PT**

**Citation No. 08-09-0118**

I hereby acknowledge receipt of the Citation referenced above and notification my right to contest within ten (10) days of receipt of this Citation. I do hereby contest all or part(s) of the Citation and request an Informal Conference.

For each item of the Citation, I have listed below the part(s) I contest (i.e., violation cited, the order of abatement, the time to correct and/ or the administrative fine), and I have placed an "X" in the appropriate boxes.

Cause Number	Violation or Section Cited (X)	Order of Abatement (X)	Time to Correct (X)	Administrative Fine (X)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

## Physical Therapy Board of California

2005 Evergreen Street Suite 1350, Sacramento, CA 95815  
Phone: (916) 561-8200 FAX : (916)263-2560 Internet: www.ptb.ca.gov



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR



TO: Physical Therapy Board of California  
2005 Evergreen Street Suite 1350  
Sacramento, CA 95815

### NOTICE OF APPEAL REQUEST FOR ADMINISTRATIVE HEARING

**Citation Against: Rex Mangalindan, PT**

**Citation No. 08-09-0118**

I hereby acknowledge receipt of the Citation referenced above and notification of my right to contest within thirty (30) days of the date of issuance of the citation or assessment. I do hereby contest all or part(s) of the Citation and request an Administrative Hearing.

For each item of the Citation, I have listed below the part(s) I contest (i.e., violation cited, the order of abatement, the time to correct and/or the administrative fine), and I have placed an "X" in the appropriate boxes.

Cause Number	Violation or Section Cited (X)	Order of Abatement (X)	Time to Correct (X)	Administrative Fine (X)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

## **DECLARATION OF SERVICE BY FIRST CLASS U.S. MAIL**

In the Matter of the Citation and Fine Against:

**Rex Mangalindan, PT**

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 2005 Evergreen Street, Suite 1350, Sacramento, California 95815. I served a true copy of the attached:

### **CITATION AND FINE ORDERED**

by mail to the following, by placing same in an envelope (or envelopes) addressed (respectively) as follows:

#### **NAME AND ADDRESS**

**Rex Mangalindan, PT  
6179 Ibbetson Ave.  
Lakewood, CA 90713**

Said envelope(s) was then, on \_\_\_\_\_, sealed and deposited in the United States mail in Sacramento, California, the county in which I am employed.

Executed on \_\_\_\_\_, in Sacramento, California. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

---

Christina Metzen, DECLARANT